STD 262 (RE	V 10/92)		l 	w week		uctions ai nt on Rev				DEPARTMEN	Page	1	of	4
Larry Gr						SSAN OR EN	PLOTEE NUM	BER		Office o		Vorn or		
озпои				CB/ID NUMBE	R	DIVISION OR	BUREAU			Office	i tile do	INDEX NUMB	ER	
Director	DIFECTOR SIDENCE ADDRESS							s						
ESIDENCE A	TO INSTITUTE CONTROL OF THE CONTROL OF T								•			TELEPHONE	NUMBER	
πΥ		STATE		ZIP		CITY	ain St #2	201		STATE			ZIP	
7			<u> </u>			Riversic	le			CA			92501	0
1112112	LOCATION		MEALS				TF	RANSPORTATI	ON					
MONTH/	TEAR	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		CARFARE, TOLLS,	2.5		BUSINESS	ТОТА
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT	EXPENSE	FOR D.
3-Oct		Sheep Fire									89	39 61		39
4-Oct		Sheep Fire w/ evac ct	rs								172	76 54		
5-Oct	A Comment	Sheep Fire w/ evac ct	rs									/		76
6-Oct		Lake Arrowhead GRO									190	84 55		84
											74	32 93		32
7-Oct		SANDBAG									48	21.36		21
7-Oct		Corona Chamber									38	16.91		16
7-Oct		Pest Control Assoc									52	23.14		23
S-Oct		Upland Chamber GRO	3								34	15.13		15
S-Oct		Ontario Chamber GR	С								16	7 12		7
S-Oct		Faith Based Sm Bus S	Summit								32	14 24		14
9-Oct		Moreno Valley Cham	ber GRC								36	16 02		16
9-Oct		PALC GRC									84	37.38	W 50 1000	37
9-Oct		Wrightwood Firefight	er Apprecia	ition							94	41.83		41
	SUBT	OTALS	0 00	0 00	0.00	0 00	0.00	0.00	0.00	0.00	959	426 76	0.00	
OLUMN C	CODE (A	CCTG, USE ONLY)												
	CLAIM	TOTAL				110		4/00	155	108	1.36	?	\$426	5.76
		P, REMARKS AND I	DETAILS	(Attach rec	eipls whe	n required)		7			NORMAL W	ORK HOU	RS	
ee attate	hed she	eet				<u> 1980 -                                   </u>					DIVATE V			
										1	HRU721	EHICLE LIC	ENSE NUI	MREK
												ATE CLAIM	1ED	
										L	0 445	2723		
											AGENC	Y ACCOU	NTING O	FFICE
HEREBY CER	RTIFY, Tha	t the above is a true staten	nent of the In	avel expenses	incurred by	me in accord	ance with DP	A rules in the	e service of th	e State of		USE	NLY_	٦,
alifornia If a	privately o	wned vehicle was used an	d if mileage	exceeds the m	iinimum rate	e, I certify the	cost of the op	erating the v	ehicle was ed	ual to or	PAID BY	260 (VIC)+i	NO CHECK N	MBER
		ned, and that I have met th	e requiremen	nts as prescrib	ed by SAM	Sections 075	0, 0751,0752,	0753 and 0	754		2	un	TX	
rtaining to ve	-	y and seat belt usage		T-	ATE ,	т	NO. LA TUES	- OFFI-	PRC			10	1 / _	<u>ر</u>
				ľ	1	, [		JI I OER AF			NT	D	ATE /	/

DATE 11/16/09
DATE 11/23/09

SIGNATURE OF TITLE O UTHORITY FOR SPECIAL EXPENSES

- 1. Represented the Governor at the ICP of Sheep Fire
- 2. Represented GAS at ICP/Victorville Evac Ctr/Rialto Evac Ctr/
- 3. Represented GAS at ICP/EOC/Evac Ctrs
- 4. Attended GRC meeting where I gave a report on water/RTTT/tax commission
- 5. Attended transportation meeting where I was introduced by chairman
- 6. Attended GRC where I gave brief report on water/rttt
- 7. Gave keynote speech at association meeting
- 8. Attended GRC meeting where I gave report on water/rttt/tax commission
- 9. Attended GRC meeting where I gave report on water/rttt/tax commission
- 10. Attended business summit where I delivered comments on GAS and sm business
- 11. Attended GRC meeting where I gave report on water/rttt/tax commission
- 12. Attended Pass Area Leg meeting where I gave report on water/rttt/tax commission
- 13. Attended firefighter appreciation dinner following sheep fire

16-Oct	Chino Area Chamber	GRC								44	19.58		19.58
17-Oct	Frontier Project Gala									15	6 68		6.68
	SUBTOTALS	0.00	0.00	0 00	0.00	0 00	0 00	0.00	0.00	603	268.34	0.00	
COLUMN CO	DE (ACCTG. USE ONLY)												
С	CLAIM TOTAL											\$268.	.34
PURPOSE OF	F TRIP, REMARKS AND D	DETAILS (A	Allach rece	eipts whe	n required)					NORMAL W	ORK HOU		
	d sheet									PRIVATE VE 4HRU721	EHICLE LIC	ENSE NUM	BER
							· · · · · · · · · · · · · · · · · · ·			MILEAGE R. 0 445	ATE CLAIM	ĒD	
California If a progreater than the ra	FY, That the above is a true statem vately owned vehicle was used an ste claimed, and that I have met th ste safety and seat belt usage	d if mileage ex	ceeds the m	ınımum rale	, I certify the c	ost of the op	erating the veh	hicle was equ	Petro Accordance Marketon		Y ACCOU USE OF	NLY	
CLAIMANT'S SIGNA	TURE	/DENICE C	D.	ATE C	9	GNATURE OF	OFFICER APP	PROVING TRA	VFI AND P	AYMENT	DA	TE ///////	M

- 14. Met with Colton Chamber Exec to talk about GRC meetings
- 15. Attended League Dinner where I spoke briefly on water
- 16. Attended Inland Action meeting on healthcare where I presented the Governors visions
- 17. Attended opening where I gave welcoming /congratulatory message
- 18. Met with UCR Govt relations staff
- 19. Attended GRC meeting where I gave a report on water/rttt
- 20. Met with Riverside County Directors where we discuss counties legislative priorities
- 21. Attended anniversary event where I made presentation
- 22. Attended SB County Education meeting where I was introduced as being in attendance
- 23. Attended commission meeting where a nonprofit I work with was presented county award. I was introduced as being in attendance.
- 24. Attended meeting where I was introduced as being in attendance
- 25. Attended GRC meeting where I reported on water/rttt
- 26. Attended Gala where I made presentation

# TRAVEL EXPENSE CLAIM

See Instructions and Privacy

STD 262 (F					Stateme		erse Side				Page	3	of	4
						SSAN OR EN	PLOYEE NUM	BER		DEPARTME			200-70	
Larry G	rable			CB/ID NUMBE	ΞR	DIVISION OR	BUREAU			Office	of the Go	VERITOR	FR	
Director	r					Riversio	ie							
RESIDENCE							ERS ADDRES	ss				TELEPHONE	NUMBER	
· _						3737 M	ain St #2	201						
CITY							ie			STATE		-	ZIP	
								T		CA			92501	
МОМТ	H/YEAR	LOCATION			MEALS	T	-		at T	ANSPORTAT	ION			
Molett	n/IEAK	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		CARFARE, TOLLS,			BUSINESS	TOTAL
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER	- MOIDENTAL	TRANS	TYPE USED	PARKING	MILES	CAR USE	EXPENSE	EXPENSES
19-Oct		Murrieta/Lake Elsino	re/Murrieta	ı Chambers	GRC						78	34 71		FOR DAY
20-Oct		LivHome									4	1.78		34.71
2000 201		Tnow									80	35 60		1.78
20-Oct		Cougar Industires									32			35 60
21-Oct		Big Bear Chamber GI	RC								110	14 24		14 24
21-Oct		Big Bear Fire												48 95
21-Oct		Greenlight Industries									12	5.34		5.34
21-Oct		Inland Empire Caucus										17.80		17.80
22-Oet		Pass Area Mayors Me									72	32 04		32 04
22-Oct		Hoem Depot Event									66	29 37		29 37
22-Oet		2nd District Summit									46	20 47		20 47
23-Oct		San Manuel Tribal Co	urt Openin	o							56	24.92		24 92
23-Oct		Claremont Rotary		8							40 52	17.80		17.80
	SUBT	OTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		23 14		23.14
COLUMN		CCTG, USE ONLY)			000	0.00	0.00		0.00	0 00	688	306.16	0.00	
CLAIM TOTAL											\$306	5.16		
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)									NORMAL WORK HOURS					
See attat	ched she	eet												
		24									PRIVATE VI	EHICLE LIC	ENSE NUM	MBER
										4	4HRU721			
											MILEAGE R	ATE CLAIM	IED	
											0.445			
											AGENC	Y ACCOU	NTING O	FFICE
		t the above is a true statem										USE O	NLY	
		wned vehicle was used and								qual to or	PAID BY	REVOLVING FU	ир снеск ий	MBER
		ned, and that I have met the	e requiremer	nts as prescri	bed by SAM	Sections 075	0, 0751,0752	, 0753 and 0	754					
pertaining to	ALCOHOL: NAME OF TAXABLE PARTY.	y and seat belt usage		Ir	DATE /	/	SIGNATURE	F OFFICER A	PPROVING TR	AVEL AND D	VMENT			
					11/9	. / _	JOHA TORE O	W OIT ICEN A	- NOVING IN		(TMEN!	P	/1//6	109
SIGNATURE OF	F TITLE OF A	UTHORITY FOR SPECIAL EX	PENSES			1_'	_					D	ATE	

- 27. Attended GRC meeting where I reported on water
- 28. Attended briefing where I was introduced and participated in open discussion
- 29. Attended annual meeting where I gave brief report
- 30. Met with company to discuss green project
- 31. Attended GRC where I reported on water/rttt/tax commssion
- 32. Met with Fire Chief to discuss ARRA funds
- 33. Met with business owners to discuss solar/wind projects
- 34. Attended caucus meeting where I was introduced and met with county following meeting
- 35. Attended meeting where we discuss pass area legislation and also gave report on water
- 36. Attended Home Depot event where I delivered brief comments
- 37. Attended county meeting where I was introduced by supervisor
- 38. Attended Grand Opening ceremony where I delivered brief comments
- 39. Gave keynote speech to rotary

## TRAVEL EXPENSE CLAIM

Columb   C			FENSE CLAIN		,			nd Privacy	10			2000	VPC	77 ***	
LILITY OF GRIDLE  Director  REPORT REPORT FORMERS  RECOGNISTES ADDRESS						Stateme					DEPARTME	Page	2 4	of	4
PODE NOMES   POD	Larry G	rable													
PRESENCE ADMINISTRATE   SP					CB/ID NUMBE	R	DIVISION OF	BUREAU			Office	or the Go		ER	
STATE   2P   STATE   2P   STATE   2P   STATE   2P   STATE   STATE   2P   STATE															
STATE   STAT	RESIDENCE	ADDRESS					HEADQUAR	TERS ADDRES	SS	No. 10 No			TELEPHONE	NUMBER	
Riverside	,							lain St #	201				ŀ		
Marie   Mari	СПҮ		STATE		ZIP									ZIP	
## COATION   CO					<del></del>		Riversi	de			CA			92501	
MISSE EXPENSES   LOOMS   BREADFAST   LUNION   COMMEN   COST OF TRANS.   TYPE UND.   SANCHES   MASS   AMOUNT   FOR PROPER   COST OF TRANS.   TYPE UND.   MASS   AMOUNT   MASS   AMOUNT   MASS			LOCATION			MEALS		-		T !					
DATE   Time   William Number included   Bindandard   Linch   Divided   Name   Time Used   Parking   Miles   Modern   Properties   Parking   Parking   Miles   Modern   Properties   Parking   Park	MONT	H/YEAR		Labelle							900			BUSINESS	TOTAL
Riv Chamber Holdisone Committee  Scale   Riv Chamber Holdisone Committee	DATE	TIME		LODGING	BREAKEAST	LUNCH	DIAMED	INCIDENTALS			00.000000000000000000000000000000000000		T	EXPENSE	EXPENSE
20-0xxx   Corons Clamber GRC   338   16.09   336   16.09   338   16.09   338   16.09   338   16.09   338   16.09   338   33.66   33.66   338   33.66   338   33.66   338   33.66   338   33.66   3	DATE	Time	WERE INCOMED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DA
Postural Postural Water Big Dedication 22 y 777  Sector With Collino Valley USD State of the City 3 s 3 s 6  25 Cot Chino Valley USD State of the City 42 / 18 66  26 Cot Chino Valley USD State of the City 42 / 18 66  27 Cot So Cal Healthcare Surrant 1 16 7 12  28 Cot Lona Landa Univ Med School 100 yr anniversary 16 16 02  29 Cot Lona Landa Univ Med School 100 yr anniversary 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 17 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 00 00 00 00 00 00 00 00 00 00 00 00 00	26-Oct		Riv Chamber Health	care Comm	ittee							18	8 01		81
Postural Postural Water Big Dedication 22 y 777  Sector With Collino Valley USD State of the City 3 s 3 s 6  25 Cot Chino Valley USD State of the City 42 / 18 66  26 Cot Chino Valley USD State of the City 42 / 18 66  27 Cot So Cal Healthcare Surrant 1 16 7 12  28 Cot Lona Landa Univ Med School 100 yr anniversary 16 16 02  29 Cot Lona Landa Univ Med School 100 yr anniversary 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 17 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 16 02  20 Cot Lona Landa Univ Med School 100 yr anniversary 18 16 00 00 00 00 00 00 00 00 00 00 00 00 00	26.Oa		Corona Chamber GR	C											
WRCOG Leg Discussion Group  3 3 56  24-CAT China Valley USD State of the City 42 / 18-69  29-CAT So Cal Healthcare Summit 16 712  30 CA Loma Linda Unity Med School 100 yr anniversary 36 16-62  40 000  40 000  40 000  40 000  40 000  50 00			Corolli Gillinot Gil									38	16.91		16
Chino Valley USD State of the City  29-Oxt So Call Healthcare Sammit 10 712  30-Oxt Lona Linda Univ Med School 100 yr anniversitry 30 1602  000 000 000 000 000 000 000 000 000	28-000		Fontana Water Bdg L	Dedication								22	9 79		9.
Chino Valley USD State of the City  2/4-Oct So Call Healthcare Summit 1 16 7 12  3/4-Oct Lona Linda Univ Med School 100 yr anniversary 3/6 1/6 02  Lona Linda Univ Med School 100 yr anniversary 3/6 1/6 02  0/4-Oct 0	28-001		WRCOG Ley Discus	sion Group							-				
So Cal Healthcare Summit  Loma Linda Univ Med School 100 yr amniversary  36 1662  30.03  Loma Linda Univ Med School 100 yr amniversary  36 1662  30.00  30.0			THE S S DIE DIE CO.	or Group	1							8	3 56	-	3 5
Jin-Oct Loma Linda Univ Med School 100 yr amiversarry 36 1602  1600  160	28-Oct		Chino Valley USD St	tate of the	City							42	✓ 18 69		18.0
Jin-Oct Loma Linda Univ Med School 100 yr amiversarry 36 1602  1600  160	29-Oet		So Cal Healthcare Su	mmit											
SUBTOTALS  0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					L							16	7.12		7.1
SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	30-Oct		Loma Linda Univ Me	d School 1	00 yr annive	ersary						36	16 02		16.0
SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.													0.00		
SUBTOTALS  ODO  ODO  SUBTOTALS  ODO  ODO  ODO  ODO  ODO  ODO  ODO  O													0.00		0.0
SUBTOTALS  COLUMN CODE (ACCTG, USE ONLY)  CLAIM TOTAL  SR0.10  COLUMN CODE (ACCTG, USE ONLY)  CLAIM TOTAL  SR0.10  NORMAL WORK HOURS  PRIVATE VEHICLE LICENSE NUMBER 4HRU721  MILEAGE RATE CLAIMED  0.445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK MUMBER  4HRU721  MILEAGE RATE CLAIMED  0.445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK MUMBER  4HRU73 CHECK MUMBER  4HRU73 CHECK MUMBER  4HRU74 CHECK MUMBER  4HRU75 CHECK MUMBER			<del> </del>										0.00		0.0
SUBTOTALS  COLUMN CODE (ACCTG, USE ONLY)  CLAIM TOTAL  PURPOSE OF TRIP, REMARKS AND DETAILS (Atlach receipts when required)  See attractived sheet  HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of USE ONLY  PAID STRIP, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of USE ONLY  PAID STRIP, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of USE ONLY  PAID STRIP ONLY  P													0.00		0.00
SUBTOTALS  COLUMN CODE (ACCTG, USE ONLY)  CLAIM TOTAL  CLAIM TOTAL  CLAIM TOTAL  S80.10  NORMAL WORK HOURS  SEC attatched sheet  PRIVATE VEHICLE LICENSE NUMBER 4HIRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  4HIRU721  MILEAGE RATE CLAIMED  10 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  4HIRU721  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  4HIRU721  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  4HIRU721  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  4HIRU721  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  4HIRU721 SIGNATURE  ***CHANATICS SIGNATURE***  ***CHANATICS SIGNATURE***  ***CHANATICS SIGNATURE***  ***CHANATICS SIGNATURE***  ****CHANATICS SIGNATURE***  ****CHANATICS SIGNATURE***  ****CHANATICS SIGNATURE***  ****CHANATICS SIGNATURE***  *****CHANATICS SIGNATURE***  *****CHANATICS SIGNATURE***  *****CHANATICS SIGNATURE***  **********  *****************  ****													0.00		0.0
SUBTOTALS  0 00 0 00 0 00 0 00 0 00 0 00 0 00 0							<del> </del>						0.00		0.0
SUBTOTALS  0 00 0 00 0 00 0 00 0 00 0 00 0 00 0	G.								Ş.				0.00		0.0
SUBTOTALS  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.						**************************************									
COLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  See attatched sheet  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER 4IRU73 AND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER 4IRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER 4IRU73 AND CHECK NUMBER 4IRU7			1										0.00		0.0
CLAIM TOTAL  PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  See attatched sheet  PRIVATE VEHICLE LICENSE NUMBER 4HRU721  MILEAGE RATE CLAIMED 0 445  AGENCY ACCOUNTING OFFICE  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  AGENCY ACCOUNTING OFFICE  AGENCY ACCOUNTING OFFICE  California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  Detaining to vehicle safety and seat belt usage		SUBT	OTALS	0.00	0 00	0.00	0.00	0.00	0.00	0.00	0.00	180	80.10	0.00	
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  See attatched sheet  PRIVATE VEHICLE LICENSE NUMBER 4HRU721  MILEAGE RATE CLAIMED 0 445  AGENCY ACCOUNTING OFFICE  California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  PAID BY REVOLVING FUND CHECK NUMBER  PAID BY REVOLVING FUND CHECK NUMBER  PAID BY REVOLVING FUND CHECK NUMBER	COLUMN	CODE (A	ACCTG. USE ONLY	)											
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  See attatched sheet  PRIVATE VEHICLE LICENSE NUMBER 4HRU721  MILEAGE RATE CLAIMED 0 445  AGENCY ACCOUNTING OFFICE  California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  PAID BY REVOLVING FUND CHECK NUMBER  PAID BY REVOLVING FUND CHECK NUMBER  PAID BY REVOLVING FUND CHECK NUMBER		CI AIM	ΤΟΤΔΙ											<b>000</b>	10
PRIVATE VEHICLE LICENSE NUMBER 4HRU721  MILEAGE RATE CLAIMED 0 445  AGENCY ACCOUNTING OFFICE  HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of  California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  Detaining to vehicle safety and seat belt usage	DIJDDOSI			DETAILS	(Allach rec	ointe who	an required	IV.							.10
PRIVATE VEHICLE LICENSE NUMBER 4HRU721  MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  PAID BY REVOLVING FUND CHECK NUMBER  PRIVATE VEHICLE LICENSE NUMBER  4HRU721  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER				DETAILS	(Allach rec	elbis wile	en required	1)				NORMAL V	VORK HOU	RS	
HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754.  INDICATING	Jec attat	circu sin	COL						-						
MILEAGE RATE CLAIMED  0 445  AGENCY ACCOUNTING OFFICE  HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of  California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  Detailing to vehicle safety and seat belt usage.													EHICLE LIC	ENSE NU	MBER
AGENCY ACCOUNTING OFFICE  HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of  California. If a privately owned vehicle was used and if mileage exceeds the minimum rate. I certify the cost of the operating the vehicle was equal to or  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  Determining to vehicle safety and seat belt usage.								<u> </u>							
AGENCY ACCOUNTING OFFICE  HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  Detaining to vehicle safety and seat belt usage	*				-		- W. S Sp				2		RATE CLAIN	ED	
HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of  California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  pertaining to vehicle safety and seat belt usage.		-												er en	52.87%
California If a privately owned vehicle was used and if mileage exceeds the minimum rate. I certify the cost of the operating the vehicle was equal to or paid by Revolving Fund Check NUMBER greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage	HEBERY 6	CRIEV The	of the objection of the object				*					AGENC			FFICE
preater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  pertaining to vehicle safety and seat belt usage  I AIMANT'S SIGNATURE OF DESIGNER APPROVING YOURS.													USE O	NLY	
pertaining to vehicle safety and seat belt usage											qual to or	PAID BY	REVOLVING FU	NO CHECK NU	MBER
AMANT'S SIGNATURE OF OFFICER APPROVING YOURS				ie requireme	rus as prescri	ped by SAM	Sections 075	ou, 0751,0752	2, 0753 and 0	1754					
DATE /			ny and seat belt usage		Ir	DATE		SIGNATURE	F OFFICER A	PPROVING TE	AVEL AND D	VMENT			
1112 212 2 70 1			12.34			11/1	10					+ m⊆N I	l D	//	
(1/7/7)	•					4/7/	′ )	Ł			175			116	109

- 40. Attended chamber healthcare meeting where I discussed the Governors healthcare priorities
- 41. Attended GRC where I gave report on water/rttt
- 42. Attended building dedication where I delivered brief comments
- 43. Attended Legislative discussion meeting where I spoke about water/ legal challenges
- 44. Attended State of the District where I was recognized as being in attendance
- 45. Attended Healthcare Summit where Herb gave speech
- 46. Attended anniv celebration where I gave brief congratulatory comments